Contract Inform	ation					
Contract No: PW	2009-020 Project T	itle: Seattle R	leservoir Burying	Program - N	laple Leaf F	Reservoir
Federal-Aid No.:	N/A	Award Amount:	\$29,996,992.83	Begin Co	onst. Date:	09/08/2009
County:	King	SR No	Beg MP		End MP	
Reporting Period						
	From Date: 08	8/07/2009 To	Date: 09/11/20	09		
Contractor Inform	nation					
Firm Name:		Ferg	uson Construction			
Address:	7433 5th Ave. South	City:	Seattle	State:	Zip Code:	98108
Phone:	(206) 767-3810	Mail Address:	gregw@ferguso		ad Lan	
Employee Inforn	nation					
Number of Existing I	Employees:	8				
Number of New Emp	8 %	0				
Total Number of Emp	ano x 000000	8				
Hours Worked by Ex		312				
Hours Worked by Ne		0				
Total Hours Worked by	1	312				
Wages Paid to Existin	0 6	Retriction social attention	,			1
		\$14,481.5	<u>' </u>			
Wages Paid to New E	Sir Sir	\$0.00				
Total Wages Paid to I	Employees:	\$14,481.5				*
Preparation/Certif	fication Informatio	on				
I, the undersig	gned, hereby certify	that the informatio	n presented in this	s report is co	rrect and co	mplete.
Prepared & Certified E	By: (Signature)	the Alpan			Date: 9	122/09
E	Title:	PROS. MANAGER	(
Reviewed & Certified					Date:	
	Title:					

Contract Information maple leat Reservoir Contract No: PW 2009 -020 Project Title: Federal-Aid No .: Award Amount: Begin Const. Date: Kine Beg MP County: End MP SR No Reporting Period To Date: 10-31.09 From Date: 10:1:09 **Contractor Information** Parking let Cleaning State: WA Zip Code: 98390 Address: 253 863 33320 Phone: Mail Address: **Employee Information** Number of Existing Employees: Number of New Employees: Total Number of Employees: 22.75 Hours Worked by Existing Employees: Hours Worked by New Employees: Total Hours Worked by Employees: Wages Paid to Existing Employees: Wages Paid to New Employees: \$0.00 Total Wages Paid to Employees: Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Date: Prepared & Certified By: (Signature) Title:

Date:

Reviewed & Certified By (Signature)

Title:

Contract Information Contract No: [W2009: 070 Project Title: Maple Leaf Reservoir Federal-Aid No.: Award Amount: Begin Const. Date: County: SR No Beg MP End MP Reporting Period To Date: 11-30109 From Date: Contractor Information Firm Name: Best parking of cheaning Inc. State: WA Zip Code: 98390 City: Summer Address: Phone: Mail Address: **Employee Information** Number of Existing Employees: Number of New Employees: Total Number of Employees: Hours Worked by Existing Employees: Hours Worked by New Employees: Total Hours Worked by Employees: Wages Paid to Existing Employees: Wages Paid to New Employees: \$0.00 Total Wages Paid to Employees: Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Date: Title: Reviewed & Certified By (Signature) Date: Title:

Contract Information 2009-020 Contract No: Project Title: **Maple Leaf Resevoir** Federal-Aid No .: Award Amount: 11/18/2009 Begin Const. Date: King County: SR No Beg MP End MP Reporting Period From Date: 11/15/2009 11/28/2009 To Date: Contractor Information Firm Name: Bobby Wolford Trucking & Demolition Address: 22014 W. Bostian Rd City: Woodinville State: Zip Code: 98072 Phone: (425) 481-1800 Mail Address: same **Employee Information** Number of Existing Employees: 2 Number of New Employees: 0 Total Number of Employees: 2 12.75 Hours Worked by Existing Employees: 0 Hours Worked by New Employees: Total Hours Worked by Employees: 12.75 Wages Paid to Existing Employees: \$393.21 Wages Paid to New Employees: \$0.00 \$393,21 Total Wages Paid to Employees: Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Date: 01/15/2010 Title: Payroll Manager Reviewed & Certified By (Signature) Date: 01/15/2010

Asst. Dispatcher

Title:

Contract Information
Contract No: PW 2009-020 Project Title: Maple Leaf Reservoir
Federal-Aid No.: Award Amount : Begin Const. Date:
County: SR No Beg MP End MP
Reporting Period
From Date: 12-1-09 To Date: 12-31-09
Contractor Information
Firm Name: Best Parking Lot Cleaning Inc.
Address: PO Box 159 City: Sunner State: WA Zip Code: 983 90
Phone: 253 863'3330 Mail Address:
Employee Information
Number of Existing Employees:
Number of New Employees:
Total Number of Employees:
Hours Worked by Existing Employees: 24.25
Hours Worked by New Employees:
Total Hours Worked by Employees:
Wages Paid to Existing Employees:
Wages Paid to New Employees:
Total Wages Paid to Employees:
Preparation/Certification Information
(, the undersigned, hereby certify that the information presented in this report is correct and complete.
Prepared & Certified By: (Signature)
Title: Providence
Reviewed & Certified By (Signature) Title:

Contract Information 2009-020 Contract No: Project Title: Maple Leaf Resevoir Federal-Aid No .: Award Amount: Begin Const. Date: 11/18/2009 King County: Beg MP SR No End MP Reporting Period From Date: 11/29/2009 To Date: 12/26/2009 Contractor Information Firm Name: **Bobby Wolford Trucking & Demolition** Address: 22014 W. Bostian Rd City: Woodinville State: Zip Code: 98072 Phone: (425) 481-1800 Mail Address: same **Employee Information** 0 Number of Existing Employees: 0 Number of New Employees: Total Number of Employees: Hours Worked by Existing Employees: Hours Worked by New Employees: Total Hours Worked by Employees: \$0.00 Wages Paid to Existing Employees: Wages Paid to New Employees: \$0.00 \$0.00 Total Wages Paid to Employees: Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. tevenson Prepared & Certified By: (Signature) 01/15/2010 Payroll Manager Reviewed & Certified By (Signature) Date: 01/15/2010 Asst. Dispatcher Title:

ROS. CONSTRUCT Contract Info	ICN rmation		HOS -Job* 1643
Contract No:	PW2009-020 Proje	ct Title: SEATTLE RESERVOIR BURYING PROGR.	AM- MAPLE LEAF RESERVOIR
Federal-Aid No.	:	Award Amount : Beg	in Const. Date:
County:	KING	SR No Beg MP	End MP
	From Date: [6	Reporting Period 7:23.09 To Date: 10.27.09	-
Contractor Inf	ormation		
Firm Name:		EVERSON'S ECONO-VAC, INC.	
Address:	P.O. BOX 428	City: SUMNER State:	Zip Code: 98390
Phone:	(253) 826-5851	Mail Address: ALEXSISS@EVERSONS-ECO	DNOVAC.COM
Employee Inf	ormation		
Number of Exist	ing Employees:	6	
Number of New 1	Employees:	0	
Total Number of	Employees:	6	
Hours Worked by	y Existing Employees:	49	
Hours Worked by	New Employees:	Ø	
Total Hours World	ked by Employees:	494	
Wages Paid to E	xisting Employees:	1853.89	
Wages Paid to N	ew Employees:		
Total Wages Paid	to Employees:	1853.89	
reparation/Co	ertification Inform	atjou	
I, the unde	rsigned, hereby cert	ify that the information presented in this report	is correct and complete.
	ied By: (Signature)	D'onloo	Date: 1.14.10
	Title:	OFFICE ASSISTANT	
Reviewed & Certi	ified By (Signature)		Date:
	Title:		

Contract Information		HOS-JOB# 1643
Contract No: PW2009-020 Project	t Title: SEATTLE RESERVOIR BURYIN	G PROGRAM- MAPLE LEAF RESERVOIR
Federal-Aid No.:	Award Amount:	Begin Const. Date:
County: KING	SR No Beg MP	End MP
	Reporting Period	
From Date:	7.28.69 To Date: 11.24	.09
Contractor Information		
Firm Name:	EVERSON'S ECONO-VAC, IN	IC.
Address: P.O. BOX 428	City: SUMNER	State: Zip Code: 98390
Phone: (253) 826-5851	Mail Address: ALEXSISS@EVERS	
Employee Information		
Number of Existing Employees:	6	
Number of New Employees:	0	
Total Number of Employees:	6	
Hours Worked by Existing Employees:	Ø	- wast
Hours Worked by New Employees:	0	NO WORK
Total Hours Worked by Employees:	Ø	PERFORMED
Wages Paid to Existing Employees:	Ø	LTM OMME
Wages Paid to New Employees:	Ø	
Total Wages Paid to Employees:	0	
Preparation/Certification Informat	tion	
I, the undersigned, hereby certif	by that the information presented in this	is report is correct and complete.
Prepared & Certified By: (Signature)	granding	Date: 1.14.10
Title:	OFFICE ASSISTANT	
Reviewed & Certified By (Signature)		Date:
Title:		
Carrier Comment		E .

Contract No. PW2009-020 Project Title: SEATTLE RESERVOIR BURYING PROGRAM-MAPLE LEAF RESERVOIR Federal-Aid No.: Award Annount: Begin Const. Date: Award Annount: Begin Const. Date: County: KING SR No Beg MP End MP Reporting Period From Date: 11-25-0 9 To Date: 12-22-0 9 To Date: 12-22-0 9 To Date: 12-23-0 9 To Date: Date	Contract in	itormation		HDS-JOb# 1643
County: KING SR No Beg MP End MP Reporting Period From Date: 11-25-0 9 To Date: 12-22-0 9 Contractor Information Firm Name: EVERSON'S ECONO-VAC, INC. Address: P.O. BOX 428 City: SUMNER State Zip Code: 98390 Phone: (253) 826-5851 Mail Address: ALEXSISS@EVERSONS-ECONOVAC.COM Comployee Information Number of Existing Employees: O Number of New Employees: O Frotal Number of Employees: O Frotal Number of Employees: O For all Hours Worked by Existing Employees: O For all Hours Worked by Employees: O Wages Paid to Existing Employees: O For all Wages Paid to Employees: O Total Wages Paid to Employees: O T	Contract No:	PW2009-020 Project	Title: SEATTLE RESERVOIR	BURYING PROGRAM- MAPLE LEAF RESERVOIR
Reporting Period From Date: 11-25-0 9 To Date: 12-22-0 9 Contractor Information Firm Name: EVERSON'S ECONO-VAC, INC. Address: P.O. BOX 428 City: SUMNER State Zip Code: 98390 Phone: (253) 826-5851 Mail Address: ALEXSISS@EVERSONS-ECONOVAC.COM Comployee Information Number of Existing Employees: 6 Number of New Employees: 0 Number of Mew Employees: 0 Hours Worked by Existing Employees: 0 Fotal Hours Worked by Employees: 0 Wages Paid to Existing Employees: 0 Wages Paid to New Employees: 0 Total Wages Paid to Existing Employees: 0 Total Wages Paid to Existing Employees: 0 Total Wages Paid to Employees: 0 Tota	Federal-Aid	No.:	Award Amount :	Begin Const. Date:
From Date: 11-25-09 To Date: 12-22-09 Contractor Information Firm Name: EVERSON'S ECONO-VAC, INC. Address: P.O. BOX 428 City: SUMNER State: Zip Code: 98390 Phone: (253) 826-5851 Mail Address: ALEXSISS@EVERSONS-ECONOVAC.COM Comployee Information Number of Existing Employees: 6 Number of New Employees: 0 Total Number of Employees: PERFORMED For all Hours Worked by Existing Employees: PERFORMED For all Hours Worked by Employees: PERFORMED Total Hours Worked by Employees: PERFORMED Total Wages Paid to Existing Employees: Perparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Title: OFFICE ASSISTANT Reviewed & Certified By (Signature) Title: OFFICE ASSISTANT Date: 1-14-10 Date: 1-14-	County:	KING	SR No Beg I	MP End MP
Firm Name: EVERSON'S ECONO-VAC, INC.				•
Firm Name: Address: P.O. BOX 428 City: SUMNER State: Zip Code: 98390 Phone: (253) 826-5851 Mail Address: ALEXSISS@EVERSONS-ECONOVAC.COM Simployee Information Number of Existing Employees: O Total Number of Employees: Hours Worked by Existing Employees: Fotal Hours Worked by Employees: Wages Paid to Existing Employees: Wages Paid to New Employees: Wages Paid to New Employees: Fotal Wages Paid to Employees: Total Wages Paid to Employees: Fotal Wages Pai		From Date:	. 25.09 To Date: 1:	2.22.09
Address: P.O. BOX 428	Contractor 1	Information		
Phone: (253) 826-5851 Mail Address: ALEXSISS@EVERSONS-ECONOVAC.COM Comployee Information Number of Existing Employees: O Total Number of Employees: Hours Worked by Existing Employees: Flours Worked by New Employees: Otal Hours Worked by Employees: Wages Paid to Existing Employees: Wages Paid to New Employees: Otal Wages Paid to	Firm Name:		EVERSON'S ECON	IO-VAC, INC.
Number of Existing Employees: O Number of New Employees: Hours Worked by Existing Employees: Hours Worked by New Employees: Fotal Hours Worked by Employees: Wages Paid to Existing Employees: Wages Paid to New Employees: Fotal Wages Paid to Employe	Address:	P.O. BOX 428	City: SUMNE	ER State: Zip Code: 98390
Number of Existing Employees: O	Phone:	(253) 826-5851	Mail Address: ALEXSISS	©@EVERSONS-ECONOVAC.COM
Number of New Employees: O Total Number of Employees: Hours Worked by Existing Employees: Flours Worked by New Employees: O Total Hours Worked by Employees: Wages Paid to Existing Employees: Wages Paid to New Employees: O Total Wages Paid to Employees: Date: 1.14-10 Total Wages Paid to Employees: Date: 1.14-10 Total Wages Paid to Employees: Date: 1.14-10 Date:	Employee I	nformation		
Hours Worked by Existing Employees: Hours Worked by New Employees: Fotal Hours Worked by Employees: Wages Paid to Existing Employees: Wages Paid to New Employees: Fotal Wages Paid to Em	Number of Ex	sisting Employees:	6	
Hours Worked by Existing Employees: Hours Worked by New Employees: Fotal Hours Worked by Employees: Wages Paid to Existing Employees: Wages Paid to New Employees: Fotal Wages Paid to Em	Number of Ne	ew Employees:	0	
Hours Worked by New Employees: Fotal Hours Worked by Employees: Wages Paid to Existing Employees: Wages Paid to New Employees: Fotal Wages Paid to Employees: Total Wages Paid to Employees: Fotal Wages Paid to New Employees: Fotal Wages Paid to New Employees: Fotal Wages Paid to Employees: Fotal Wages Paid to New Employees: Fotal Wages Paid to	Total Number	of Employees:	6	
Hours Worked by New Employees: Fotal Hours Worked by Employees: Wages Paid to Existing Employees: Wages Paid to New Employees: Fotal Wages Paid to Employees: Total Wages Paid to Employees: Fotal Wages Paid to New Employees: Fotal Wages Paid to New Employees: Fotal Wages Paid to Employees: Fotal Wages Paid to New Employees: Fotal Wages Paid to	Hours Worked	by Existing Employees:	Ø	NO WORK
Total Hours Worked by Employees: Wages Paid to Existing Employees: Wages Paid to New Employees: Total Wages Paid to Employees: Treparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Title: OFFICE ASSISTANT Reviewed & Certified By (Signature) Date: Date:	Hours Worked	by New Employees:	Ø	
Wages Paid to New Employees: Total Wages Paid to Employees: reparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Title: OFFICE ASSISTANT Reviewed & Certified By (Signature) Date: Date:	Total Hours W	orked by Employees:	\mathcal{Q}	I Elle Matach
Total Wages Paid to Employees: reparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Title: OFFICE ASSISTANT Reviewed & Certified By (Signature) Date: Date:	Wages Paid to	Existing Employees:	Ø	
I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Title: OFFICE ASSISTANT Reviewed & Certified By (Signature) Date: Date:	Wages Paid to	New Employees:	Ø	
I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) Title: OFFICE ASSISTANT Date: Date:	Total Wages P	aid to Employees:	Ø	
Prepared & Certified By: (Signature) Title: OFFICE ASSISTANT Date: Date:	Preparation/	Certification Informat	ion	
Prepared & Certified By: (Signature) Title: OFFICE ASSISTANT Date: Date:	I, the un	ndersigned, hereby certify	y that the information present	nted in this report is correct and complete.
Title: OFFICE ASSISTANT Reviewed & Certified By (Signature) Date:			CX aVA	 1
		Title:	OFFICE ASSISTANT	
Title:	Reviewed & Co	crtified By (Signature)		Date:
		Title:		

Contract Information	
Contract No: PW 2009-020 Project Title: SEATTLE RESERVOIR BURYING PROGRAM	M-MAPLE LEAF RESERVOIR
Federal-Aid No.: N/A Award Amount: \$29,996,992.83 Begin	Const. Date: 09/08/2009
County: KING SR No N/A Beg MP N/A	End MP N/A
Reporting Period From Date: 09/08/2009 To Date: 10/23/2009	
Contractor Information	
Firm Name: Ferguson Construction Inc	
Address: 7433 5th Avenue South City: Seattle State:	WA Zip Code: 98108
Phone: (206) 767-3810 Mail Address: P.O. BOX 80867, SEATTLE	, WA 98108
Employee Information	
Number of Existing Employees:	
Number of New Employees:	
Total Number of Employees:	
Hours Worked by Existing Employees:	
Hours Worked by New Employees: 46	
Total Hours Worked by Employees:	
Wages Paid to Existing Employees: \$0.00	
Wages Paid to New Employees: \$1,790.78	
Total Wages Paid to Employees:	
Preparation/Certification Information	
I, the undersigned, hereby certify that the information presented in this report	
Prepared & Certified By: (Signature)	Date: 11/02/2009
Title: CHRIS JANSSEN, CONTROLLER	44/02/2000
Reviewed & Certified By (Signature) Title: Gary Bennett, Vice President/CFO	Date: 11/02/2009
Title: Gary Bennett, Vice President/CFO	

Contract Information

Contract No: PW 2009-020 Project Title: SEATTLE RESERVOIR BURYING PRO	OGRAM-MAPLE LEAF RESERVOIR
Federal-Aid No.: N/A Award Amount : \$29,996,992.83	Begin Const. Date: 09/08/2009
County: KING SR No N/A Beg MP N/A	End MP N/A
Reporting Period	
From Date: 10/24/2009 To Date: 11/27/2009	
Contractor Information	
Firm Name: Ferguson Construction Inc	
Address: 7433 5th Avenue South City: Seattle St	ate: WA Zip Code: 98108
Phone: (206) 767-3810 Mail Address: P.O. BOX 8	30867
Employee Information	
Number of Existing Employees: 1	
Number of New Employees:	
Total Number of Employees:	
Hours Worked by Existing Employees:	
Hours Worked by New Employees:	
Total Hours Worked by Employees:	
Wages Paid to Existing Employees: \$0.00	**
Wages Paid to New Employees: \$0.00	
Total Wages Paid to Employees:	
Preparation/Certification Information	
I, the undersigned, hereby certify that the information presented in this rep	port is correct and complete.
Prepared & Certified By: (Signature)	Date: 12/03/2009
Title: CHRIS JANSSEN, CONTROLLER	
Reviewed & Certified By (Signature)	Date: 12/03/2009
Title: Gary Bennett, Vice President/CFO	J

Contract Information

Contract Information
Contract No: PW 2009-020 Project Title: SEATTLE RESERVOIR BURYING PROGRAM-MAPLE LEAF RESERVOIR
Federal-Aid No.: N/A Award Amount: \$29,996,992.83 Begin Const. Date: 09/08/2009
County: KING SR No N/A Beg MP N/A End MP N/A
Reporting Period
From Date: 12/04/2009 To Date: 12/25/2009
Contractor Information
Firm Name: Ferguson Construction Inc
Address: 7433 5th Avenue South City: Seattle State: WA Zip Code: 98108
Phone: (206) 767-3810 Mail Address: P.O. BOX 80867
Employee Information
Number of Existing Employees:
Number of New Employees:
Total Number of Employees:
Hours Worked by Existing Employees: 43
Hours Worked by New Employees: 69
Total Hours Worked by Employees:
Wages Paid to Existing Employees: \$1,331.28
Wages Paid to New Employees: \$2,625.46
Total Wages Paid to Employees:
Preparation/Certification Information
I, the undersigned, hereby certify that the information presented in this report is correct and complete.
Prepared & Certified By: (Signature) Date: 01/04/2010
Title: CHRIS JANSSEN, CONTROLLER
Reviewed & Certified By (Signature) Date: 01/04/2010
Title: Gary Bennett, Vice President/CFO

(Monthly Report of New and Existing Employees) Contract Information

	ASSESSMENT OF THE PARTY OF THE					
Contract No:	Project Ti	tle:	Maple	e Leaf Resen	/oir	
Federal-Aid No.:	A	ward Amount :		Begin	Const. Date:	
County:	s	R No	Beg MP		End MP	
		Reportin	g Period			
	From Date: 10	/01/2009 T	o Date: 10/31/	2009		*
Contractor Info	ormation				•	******
Firm Name:		Hern	nanson Company, LL	Р		
Address:	1221 2nd Ave N	City:	Kent	State:	Zip Code:	98374
Phone:	(253) 796-5835	Mail Address:	dgarner(hermanson.co	om	
Employee Info	ormation					
Number of Existing	ng Employees:	0				
Number of New E	Employees:	2] .			
Total Number of I	Employees:					
Hours Worked by	Existing Employees:	96				
Hours Worked by	New Employees:	0				
Total Hours Work	ed by Employees:	96				
Wages Paid to Ex	tisting Employees:	\$15,989	.00			
Wages Paid to Ne	w Employees:	\$0.00				
Total Wages Paid	to Employees:	\$15,989	-0.0			
Preparation/Ce	rtification Informatio	on				
I, the unde	rsigned, hereby certify	that the informat	ion presented in	this report is	correct and co	mplete.
Prepared & Certifi	ed By: (Signature)	Deen	Jann		Date: 2-	2-2010
	Title:	Dale W. Garner,	Assistant Control	ler		-
Reviewed & Certi	fied By (Signature)	Kathy Dickinson	n, Payroll Manage	r	Date: Z	2210
						1

American Recovery and Reinvestment Act(ARRA)

(Monthly Report of New and Existing Employees) **Contract Information** Project Title: Contract No: Maple Leaf Reservoir Federal-Aid No.: Award Amount: Begin Const. Date: County: Beg MP SR No End MP Reporting Period From Date: 11/01/2009 To Date: 11/30/2009 **Contractor Information**

Firm Name:		Herman	son Company, I	LP ·		
Address:	1221 2nd Ave N	City:	Kent	State:	Zip Code:	98374
Phone:	(253) 796-5835	Mail Address:	dgarne	r@hermanson.co	om	•
Employee Inf	formation `					
Number of Exist	ling Employees:	2				
Number of New	Employees:	0				
Total Number of	Employees:					
Hours Worked b	y Existing Employees:	144				
Hours Worked b	y New Employees:	0				
Total Hours Wor	ked by Employees:	144				
Wages Paid to E	Existing Employees:	\$6,378.00		(4,		
Wages Paid to N	lew Employees:	\$0.00				
Total Wages Paid	d to Employees:	\$6,378.00				
Preparation/C	ertification Information	on .				

I, the undersigned, hereby ce	ertify that the information presented in this report	is correct and complete.
Prepared & Certified By: (Signature)	- been form	Date: 2-72-7010
Title:	Dale W. Garner, Assistant Controller	
Reviewed & Certified By (Signature)	Kethy Markinson	Date: 2-22-70
Title:	Kathy Dickinson, Payroll Manager	harana da Tanana

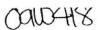
Contract Information Contract No: Project Title: Maple Leaf Reservoir Federal-Aid No .: Award Amount: Begin Const. Date: County: SR No Beg MP End MP Reporting Period 12/01/2009 From Date: 12/31/2009 To Date: Contractor Information Firm Name: Hermanson Company, LLP Address: 1221 2nd Ave N City: Kent State: Zip Code: 98374 Phone: (253) 796-5835 Mail Address: dgarner@hermanson.com **Employee Information** Number of Existing Employees: 1 Number of New Employees: Total Number of Employees: 186 Hours Worked by Existing Employees: 31 Hours Worked by New Employees: Total Hours Worked by Employees: Wages Paid to Existing Employees: \$12,579.00 Wages Paid to New Employees: \$6,838.00 Total Wages Paid to Employees: \$19,417,001 Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Prepared & Certified By: (Signature) -22-2010 Date: Dale W. Garner, Assistant Controller Reviewed & Certified By (Signature) Date: | Z-22-10 kathy Dickinson, Payroll Manager Title:

Contract Info	rmation		
Contract No:	PW 2009-020 Project Ti	tle: Seattle Reservoir Burying Program-Map	ole Leaf Reservoir
Federal-Aid No	.: N/A A	ward Amount : \$29,996,992.83 Begin Con	st. Date: 09/08/2009
County:	King	R No N/A Beg MP	End MP
		Reporting Period	
	From Date: 10	/01/2009 To Date: 10/31/2009	-
Contractor In	formation		
Firm Name:		Hos Bros. Construction, Inc.	
Address:	7733 W. Bostian Rd.	City: Woodinville State:	Zip Code: 98072
Phone:	(425) 481-5569	Mail Address: PO Box 1788 Woodinville, WA 9	8072
Employee In	formation		
Number of Exis	ting Employees:	41	
Number of New	Employees:	0	
Total Number of	f Employees:	41	
Hours Worked b	by Existing Employees:	1321.85	
Hours Worked I	by New Employees:	0	
Total Hours Wo	rked by Employees:	1321.85	
Wages Paid to	Existing Employees:	\$122,147.04	
Wages Paid to 1	New Employees:	\$0.00	
Total Wages Pa	id to Employees:	\$122,147.04	
Preparation/C	Certification Informati	on	
I, the und	dersigned, hereby certify	that the information presented in this report is con	rect and complete.
Prepared & Cert	tified By: (Signature)		Date: 02/19/2010
	Title:	Project Engineer	-
Reviewed & Ce	rtified By (Signature)	in the	Date:
	Title:	LABORER	

Contract Information

Contract No: PW 2009-020 Project Title: Seattle Reservoir Burying Program-Maple Leaf Reservoir		
Federal-Aid No.: N/A Award Amount: \$29,996,992.83 Begin Const. Date: 09/08/200	9	
County: King SR No N/A Beg MP End MP		
Reporting Period		
From Date: 11/01/2009 To Date: 11/30/2009		
Contractor Information		
Firm Name: Hos Bros. Construction, Inc.		
Address: 7733 W. Bostian Rd. City: Woodinville State: Zip Code: 98072		
Phone: (425) 481-5569 Mail Address: PO Box 1788 Woodinville, WA 98072		
Employee Information		
Number of Existing Employees: 53		
Number of New Employees:		
Total Number of Employees: 53		
Hours Worked by Existing Employees: 2324.55		
Hours Worked by New Employees:		
Total Hours Worked by Employees: 2324.55		
Wages Paid to Existing Employees: \$158,912.30		
Wages Paid to New Employees: \$0.00		
Total Wages Paid to Employees: \$158,912.30		
Preparation/Certification Information		
I, the undersigned, hereby certify that the information presented in this report is correct and complete.		
Prepared & Certified By: (Signature) Date: 02/19/201		
Title: Project Engineer		
Reviewed & Certified By (Signature) Date:		
Title: LABORER		

Contract Information		
Contract No: PW 2009-020 Project	Title: Seattle Reservoir Burying Program-Maple Leaf Reservoir	
Federal-Aid No.: N/A	Award Amount: \$29,996,992.83 Begin Const. Date: 09/08/2009	
County: King	SR No N/A Beg MP End MP	
Reporting Period		
Contractor Information		
Firm Name:	Hos Bros. Construction, Inc.	
Address: 7733 W. Bostian Rd.	City: Woodinville State: Zip Code: 98072	
Phone: (425) 481-5569	Mail Address: PO Box 1788 Woodinville, WA 98072	
Employee Information		
Number of Existing Employees:	60	
Number of New Employees:	0	
Total Number of Employees:	60	
Hours Worked by Existing Employees:	2669.51	
Hours Worked by New Employees:	0	
Total Hours Worked by Employees: 2669.51		
Wages Paid to Existing Employees:	\$196,950.60	
Wages Paid to New Employees: \$0.00		
Total Wages Paid to Employees:	\$196,950.60	
Preparation/Certification Informati	ion	
I, the undersigned, hereby certify	y that the information presented in this report is correct and complete.	
Prepared & Certified By: (Signature) Title:	Date:	
Reviewed & Certified By (Signature) Title:	to 51 A 2 Date: 1/12/10	



johnbeferguson constitution.com.

American Recovery and Reinvestment Act(ARRA) (Monthly Report of New and Existing Employees)

Contract Information		
Contract No: PW 2009-020 Project Title: Seattle Reservoir Burying Program - Maple Leaf Reservoir		
Federal-Aid No.: N/A Award Amoum: \$29,996,992.83 Begin Const. Date: 09/08/2009		
County: King SR No Beg MP End MP		
Reporting Period		
From Date: 11-22-09 To Date: 12-26-09		
Contractor Information		
Firm Name: FOCIFIC COOST STEEL		
Address: 4805 Huphyanunkacity: San Diago State: OA Zip Code: 98183		
Phone: (888)187-71013 Mail Address:		
Employee Information		
Number of Existing Employees:		
Number of New Employees:		
Total Number of Employees:		
Hours Worked by Existing Employees: 7.5		
Hours Worked by New Employees:		
Total Hours Worked by Employees:		
Wages Paid to Existing Employees: 318 75		
Wages Paid to New Employees:		
Total Wages Paid to Employees: \$0.00 \$2.00		
Preparation/Certification Information		
I, the undersigned, hereby certify that the information presented in this report is correct and complete.		
Prepared & Certified By: (Signature) Cmx 71m Date: 1-20-10		
Title: Certified Payroll Admin		
Reviewed & Certified By (Signature) Date:		
Title:		

Contract Information	HOS BROS. CONSTRUCTION
Contract No: [W2009-02] Project Title: Maple Ceny	- Reservoir
Federal-Aid No.: Award Amount :	Begin Const. Date:
County: King SR No Beg MP	End MP
Reporting Period	
From Date: 1-1-10 To Date: 1-	31-10
Contractor Information	
Firm Name: Best Parking Lot Ulaning	Pnc
Address: POBOC 159 City: Summe	
Phone: 263 863-3330 Mail Address:	
Employee Information	
Number of Existing Employees:	
Number of New Employees:	×
Total Number of Employees:	8 (8) × 1
Hours Worked by Existing Employees: 18.75	× #
Hours Worked by New Employees:	
Total Hours Worked by Employees:	¥
Wages Paid to Existing Employees:	
Wages Paid to New Employees:	
Total Wages Paid to Employees:	V:
Preparation/Certification Information	E .
I, the undersigned, hereby certify that the information presented	I in this report is correct and complete.
Prepared & Certified By: (Signature)	Date: 2.5'10
Title: Mallinger	
Reviewed & Certified By (Signature)	Date:
Title:	

Contract Information	
Contract No: 2009 - 020 Project Title:	raple Leaf Rosevoir
Federal-Aid No.: Award Amour	Begin Const. Date: 11/18/2009
County: King SR No	Beg MP End MP
Rep	porting Period
From Date: 12/27/2009	To Date: 1/30/2010
Contractor Information	
Firm Name: Bobby Wolford Truc	king & Demolition
Address: 22014 W. Bostran Rd City:	<u> </u>
Phone: 425-481-1800 Mail Add	
Employee Information	- Autro
Number of Existing Employees:	RECEIVED
Number of New Employees:	
Total Number of Employees:	FEB 1 1 2010
Hours Worked by Existing Employees: [.5	HOS BROS. CONSTRUCTION
Hours Worked by New Employees:	
Total Hours Worked by Employees:	
Wages Paid to Existing Employees:	71
Wages Paid to New Employees:	0
Fotal Wages Paid to Employees:	0.00
reparation/Certification Information	
I, the undersigned, hereby certify that the infor	nation presented in this report is correct and complete.
Prepared & Certified By: (Signature)	Sterem Date: 2/10/2010
Tide: PANOII MO	mags
deviewed & Certified By (Signature)	Date: 2/10/2010
Title: Asst Dar	
Title: ASST DASE	atther

Contract if	niormation		HDS-Job* 1043
Contract No: PW2009-020 Project Title: SEATTLE RESERVOIR BURYING PROGRAM- MAPLE LEAF RESERVOIR			
Federal-Aid	No.:	Award Amount :	Begin Const. Date:
County:	KING	SR No Beg N	MP End MP
		Reporting Period	The second secon
From Date: 12.23.09 To Date: 1.26.10			
Contractor 1	Information		
Firm Name:		EVERSON'S ECONO	IO-VAC, INC.
Address:	P.O. BOX 428	City: SUMNE	ER State: Zip Code: 98390
Phone:	(253) 826-5851	Mail Address: ALEXSISS	S@EVERSONS-ECONOVAC.COM
Employee]	Information		
Number of E	xisting Employees:	6	
Number of No	ew Employees:	0	
Total Number	r of Employees:	6	
Hours Worke	d by Existing Employees:	Ø	NO WORK
Hours Worke	d by New Employees:		
Total Hours V	Vorked by Employees:		PERFORMED
Wages Paid to	Existing Employees:		
Wages Paid to	New Employees:		
Total Wages F	Paid to Employees:	- Q	
Preparation/Certification Information			
I, the u	ndersigned, hereby certif	y that the information present	nted in this report is correct and complete.
	ertified By: (Signature)	anen	Date: 2·2·10
	Title:	OFFICE ASSISTANT	Т
Reviewed & C	Certified By (Signature)		Date:
	Title:		

Contract Information Project Title: SEATTLE RESERVOIR BURYING PROGRAM-MAPLE LEAF RESERVOIR PW 2009-020 Contract No: 09/08/2009 \$29,996,992.83 N/A Begin Const. Date: Federal-Aid No .: Award Amount: KING N/A N/A County: SR No Bcg MP N/A End MP Reporting Period 01/22/2010 12/26/2009 To Date: From Date: **Contractor Information** Firm Name: Ferguson Construction Inc City: State: WA Zip Code: 98108 7433 5th Avenue South Seattle Address: P.O. BOX 80867 (206) 767-3810 Mail Address: Phone: **Employee Information** 2 Number of Existing Employees: 9 Number of New Employees: 11 Total Number of Employees: 288 Hours Worked by Existing Employees: 324 Hours Worked by New Employees: 612 Total Hours Worked by Employees: \$9,880.72 Wages Paid to Existing Employees: \$10,971.31 Wages Paid to New Employees: \$20,652,08 Total Wages Paid to Employees: Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. Date: 01/29/2010 Prepared & Certified By: (Signature)

Chris Janssen Controller

Gary Berinett, Vice President/CFO

Reviewed & Certified By (Signature)

Title:

01/29/2010

Date:

Contract Information		
Contract No: PW 2009-020 Pro	oject Title: SEATTLE RESERVOIR BURYING PROGRA	M-MAPLE LEAF RESERVOIR
Federal-Aid No.: N/A	Award Amount : \$29,996,992.83 Begin	Const. Date: 09/08/2009
County: KING	SR No N/A Beg MP N/A	End MP N/A
From Date:	Reporting Period : 01/23/2010 To Date: 02/19/2010	
Contractor Information		
Firm Name:	Ferguson Construction Inc	
Address: 7433 5th Avenue	e South City: Seattle State: W	7A Zip Code: 98108
Phone: (206) 767-3810	0 Mail Address: P.O. BOX 80867	7
Employee Information		-
Number of Existing Employees:	11	
Number of New Employees:	12	
Total Number of Employees:	23	
Hours Worked by Existing Employee	es: 1327	
Hours Worked by New Employees:	761.5	
Total Hours Worked by Employees:	2088.5	
Wages Paid to Existing Employees:	\$45,052.76	
Wages Paid to New Employees:	\$24,458.12	
Total Wages Paid to Employees:	\$69,510.88	
Preparation/Certification Info	rmation	
I, the undersigned, hereby of	certify that the information presented in this report i	s correct and complete.
Prepared & Certified By: (Signature)	Chris langua Castrallar	Date: 03/03/2010
Title:	Chris Janssen, Controller	B. [00/00/05 to]
Reviewed & Certified By (Signature) Title:	Gary Bennett, Vice President/CFO	Date: 03/03/2010

Contract Information Project Title: SEATTLE RESERVOIR BURYING PROGRAM-MAPLE LEAF RESERVOIR Contract No: | PW 2009-020 Federal-Aid No.: N/A \$29,996,992.83 09/08/2009 Award Amount: Begin Const. Date: KING N/A County: Bog MP N/A End MP N/A SR No Reporting Period 03/26/2010 02/20/2010 To Date: From Date: Contractor Information Firm Name: Ferguson Construction Inc 7433 5th Avenue South City: State: Address: Seattle Zip Code: 98108 P.O. BOX 80867 Phone: (206) 767-3810 Mail Address: **Employee Information** 15 Number of Existing Employees: 4 Number of New Employees: 19 Total Number of Employees: 2539 Hours Worked by Existing Employees: 79 Hours Worked by New Employees: 2618 Total Hours Worked by Employees: \$85,789.30 Wages Paid to Existing Employees: \$2,861.10 Wages Paid to New Employees: \$88,650.40 Total Wages Paid to Employees: Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete. 04/02/2010 Date: Prepared & Certified By: (Signature)

Chris Janssen, Controller

Gary Bennett, Vice President/CFO

Reviewed & Certified By (Signature)

Title:

04/02/2010

Date:

Contract Information Project Title: Contract No: Maple Leaf Reservoir Federal-Aid No .: Award Amount: Begin Const. Date: Beg MP County: SR No End MP Reporting Period 01/01/2010 01/31/2010 To Date: From Date: **Contractor Information** Firm Name: Hermanson Company, LLP Address: 1221 2nd Ave N City: Kent State: Zip Code: 98374 Phone: (253) 796-5835 Mail Address: dgarner@hermanson.com **Employee Information** Number of Existing Employees: 2 Number of New Employees: Total Number of Employees: 302 Hours Worked by Existing Employees: Hours Worked by New Employees: Total Hours Worked by Employees: \$25,040.00 Wages Paid to Existing Employees: \$13,040.00 Wages Paid to New Employees: Total Wages Paid to Employees: Preparation/Certification Information I, the undersigned, hereby certify that the information presented in this report is correct and complete.

Dale W. Garner, Assistant Controller

Kathy Dickinson, Payroll Manager

Prepared & Certified By: (Signature)

Reviewed & Certified By (Signature)

Date:

Date:

2-22-10

Contract Miorination		
Contract No: PW 2009-020 Project Title: Seattle Reservoir Burying Program - Maple Leaf Reservoir		
Federal-Aid No.: N/A Award Amount : \$29,996,992.83 Begin Const. Date: 09/08/2009		
County: King SR No Beg MP End MP		
Reporting Period		
From Date: 01 /01 /2010 To Date: 01/31/7010		
Contractor Information		
Firm Name: HOS BRUS. CONSTRUCTION, INL.		
Address: 7733 W. BOSTIAN City: WOODINVILLE State: WA Zip Code: 98077		
Phone: 425 481-5569 Mail Address: PO BOX 1786 (NOO) MVILLE WA		
Employee Information		
Number of Existing Employees: 60		
Number of New Employees:		
Total Number of Employees:		
Hours Worked by Existing Employees: 1855.67		
Hours Worked by New Employees:		
Total Hours Worked by Employees:		
Wages Paid to Existing Employees: 152710,89		
Wages Paid to New Employees:		
Total Wages Paid to Employees:		
Preparation/Certification Information		
I, the undersigned, hereby certify that the information presented in this report is correct and complete.		
Prepared & Certified By: (Signature) Date: 01/31/ko		
Title: PROJECT ENGINEER		
Reviewed & Certified By (Signature) Date:		
Title:		

Contract Information

Contract No: Project	t Title: SEATTLE RESERVOIR BURYING PROGRAM MAPLE LEAF RESERVOIR
Federal-Aid No.:	Award Amount : Begin Const. Date:
County:	SR No Beg MP End MP
	Reporting Period
From Date:	01/01/2010 To Date: 01/31/2010
Contractor Information	
Firm Name:	MCCLONE CONSTRUCTION COMPANY
Address: PO BOX 4620	City: EL DORADO HILLS State: Zip Code: 95762
Phone: (916) 358-5495	Mail Address: PO BOX 4620, EL DORADO HILLS, CA 95762
Employee Information	
Number of Existing Employees:	0
Number of New Employees:	8
Total Number of Employees:	8 2 2
Hours Worked by Existing Employees:	0
Hours Worked by New Employees:	118
Total Hours Worked by Employees:	1118
Wages Paid to Existing Employees:	\$0.00
Wages Paid to New Employees:	\$5,306.33
Total Wages Paid to Employees:	\$5,306.33
Preparation/Certification Inform	ation
I, the undersigned, hereby cer	tify that the information presented in this report is correct and complete.
Prepared & Certified By: (Signature)	Date: 02/25/2010
Title:	PAYROLL ADMINISTRATOR
Reviewed & Certified By (Signature)	Date: 02/25/2010
Title:	ACCOUNT RECEIVABLE

Contract information
Contract No: PW 2009-020 Project Title: Seattle Reservoir Burying Program - Maple Leaf Reservoir
Federal-Aid No.: N/A Award Amount : \$29,996,992.83 Begin Const. Date: 09/08/2009
County: King SR No Beg MP End MP
Reporting Period
From Date: 12 27-09. To Date: 1-23-10
Contractor Information
Firm Name: Facific Coast Sted
Address: 4805 LunghyanungdCity: SanDlago State: OA Zip Code: 98183
Phone: (88)187-71013 Mail Address: ann. finne posspicom.
Employee Information
Number of Existing Employees:
Number of New Employees:
Total Number of Employees:
Hours Worked by Existing Employees: 107.5
Hours Worked by New Employees:
Total Hours Worked by Employees:
Wages Paid to Existing Employees: 4004.81
Wages Paid to New Employees:
Total Wages Paid to Employees:
Preparation/Certification Information
I, the undersigned, hereby certify that the information presented in this report is correct and complete.
Prepared & Certified By: (Signature) Christian Date: 2-8-10
Tille: Certified Payroll Admin.
Reviewed & Certified By (Signature)
Title:

Contract Information		
Contract No. Pw 2009-020 Project T		
Federal-Aid No.: N/A	ward Amount: \$29,996,992.83 Begin Const. Date: 09/08/2009	
County: King S	R No N/A Beg MP End MP	
	Reporting Period	
From Date:	2010 To Date: 1/31/2010	
Contractor Information		
Firm Name: Pacue Concu	te Services LLC	
Address: 26220 79th Ave	[] [] [] [] []	
Phone: 253-856-2572	Mail Address: Same	
Employee Information	PCS. Start Date 10/29/09	
Number of Existing Employees:		
Number of New Employees:	No Work this	
Total Number of Employees:	nextermed 11 Inru	
Hours Worked by Existing Employees:	No Work performed on this performed 1/1 Thru project 1/1 1/31/2010	
Hours Worked by New Employees:	0	
Total Hours Worked by Employees:		
Wages Paid to Existing Employees:		
Wages Paid to New Employees:	\$0.00	
Total Wages Paid to Employees:	The state of the s	
Preparation/Certification Information		
I, the undersigned, hereby certif	y that the information presented in this report is correct and complete.	
Prepared & Certified By: (Signature)	Cyndie L. Fogli Date: 2/16/10	
Title:	crount manager	
Reviewed & Cortified By (Signature)	Date: 2/16/10	
Title:	Teneral manager	

Contract Information

Contract information	
Contract No: PW 2009-020 Project	Title: Seattle Reservoir Burying Program-Maple Leaf Reservoir
Federal-Aid No.: N/A	Award Amount: \$29,996,992.83 Begin Const. Date: 09/08/2009
County: King	SR No N/A Beg MP End MP
	Reporting Period
From Date:	01/01/2010 To Date: 01/31/2010
Contractor Information	
Firm Name:	Schaefer's Mobile Welding
Address: 22521 Echo Lake Ro	ad City: Snohomish State: Zip Code: 98296
Phone: (425) 486-9006	Mail Address: 22521 Echo Lake Road, Snohomish WA 98296
Employee Information	
Number of Existing Employees:	1
Number of New Employees:	0
Total Number of Employees:	
Hours Worked by Existing Employees:	21
Hours Worked by New Employees:	0
Total Hours Worked by Employees:	21
Wages Paid to Existing Employees:	\$2,601.00
Wages Paid to New Employees:	\$0.00
Total Wages Paid to Employees:	\$2,601.00
Preparation/Certification Informa	ntion
I, the undersigned, hereby certi	ify that the information presented in this report is correct and complete.
Prepared & Certified By: (Signature)	Date: 01/04/2010
Title:	Co-Owner
Reviewed & Certified By (Signature)	Date:
Title:	
	The state of the s